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ABSTRACT

Based upon evidence that peer rejection is a marker variable asociated with maladaptive social-emotional development and the risk of later maladjustment, psychologists have focused both on understanding the factors contributing to peer rejection and on preventive interventions designed to remediate social adjustment problems evident in grade school. During the last decade, a number of studies have tested the effectiveness of school-based social skill training programs designed to promote positive peer relationships and peer acceptance. Social skills training is a generic label for short-term structured interventions that use instructions and demonstrations, behavioral rehearsal, and performance feedback to teach children specific positive social interaction strategies. Although this technique has been used successfully for unpopular children, it may also be a beneficial treatment for rejected children who show high levels of aggressive or negative social behavior. Studies have shown that social skills training improves the behavioral characteristics of unpopular or rejected children. (ABL)

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Selecting Social Intervention Techniques for Aggressive Rejected Children

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Selecting Social Intervention Techniques for

Aggressive Rejected Children

The papers presented in this symposium highlight the diversity of interpersonal and motivational difficulties that characterize children who are unpopular or rejected by their classmates. Previous studies have recognized an important distinction between neglected children, who are ignored by their peers, and rejected children, who are actively disliked (c.f., Hymel & Rubin, 1985; Ladd & Asher, 1985). Rejected children have been characterized as inappropriate and negative socially, and appear more likely than neglected children to experience cross-situational adjustment difficulties, family discord, and feelings of distress about their social situation (c.f., Hymel & Rubin, 1985). The papers presented today indicate that, even among rejected children, there is considerable behavioral heterogeneity. That is, while rejected children, by definition, are all disliked and rebuffed by their peers, they vary in the type of maladaptive behavior they display and in the factors which contribute to their peer rejection.

Based upon evidence that peer rejection is a "marker variable" associated with maladaptive social-emotional development and the risk for later maladjustment, psychologists have focused both on understanding the factors contributing to peer rejection and on preventive interventions designed to remediate social adjustment problems evident in grade school. During the last decade a number of studies have tested the effectiveness of school-based social skill training programs designed to promote positive peer relationships and

peer acceptance. As we gain more information about behavioral diversity among rejected children, however, we must begin to examine the effects of these training programs more closely. We must ask questions concerning the particular effects of different components of social skill training programs for unpopular and rejected children who show various types of maladaptive social behavior. In particular, recognizing that as many as two-thirds of all rejected children exhibit high rates of socially negative behaviors, we must examine the extent to which social skill training can reduce negative social interactions, as well as increase positive social interactions and peer acceptance. By reviewing several recent skill training programs, we attempt in the present paper to identify ways in which the behavioral characteristics of the target children, particularly high rates of negative social behavior, may affect the process and outcome of skill training programs.

Social skill training is a generic label for short-term structured interventions that use instructions and demonstrations, behavioral rehearsal, and performance feedback to teach children specific positive social interaction strategies. The assumption is that unpopular children lack the skills necessary to make and keep friends. Children are taught positive interaction strategies during coaching sessions, and it is anticipated that they will then apply these strategies in their naturalistic peer interactions and will, thereby, gain greater peer acceptance.

The initial social skill training programs selected unpopular children as treatment targets without regard for the behavioral characteristics of these children and had mixed effects on children's social behavior and peer acceptance. For example, a program designed by

LaGreca and Santogrossi (1980) produced increased rates of social initiations but not of positive social behaviors, while a program developed by Gresham and Nagle (1980) resulted in decreased negative social behavior but no increases in positive behaviors initiated by coached children. In another short-term coaching program, Oden and Asher (1977) observed no behavioral changes. In terms of sociometric effects, LaGreca and Santogrossi (1980) observed no increase in peer acceptance, whereas both Gresham and Nagle (1980) and Oden and Asher (1977) documented improved peer ratings for treated children (as compared to non-treated children) at a follow-up assessment.

More recently, investigators have used behavioral screenings in combination with sociometric measures to select target children. Recognizing that children may be unpopular for a variety of reasons, this behavioral screening was designed to select the subgroup of unpopular children who were deficient in the skills to be taught. Two coaching studies which used a behavioral screening in addition to sociometric selection criteria produced behavioral outcomes which were more consistent with a social skill training model; coached children exhibited posttreatment gains in target skills and peer acceptance (Bierman & Furman, 1984; Ladd, 1981). In a recent examination of children's behavior during one of these latter skill training programs, Bierman (1986) found strong support for a social skills training model of treatment effects. Specifically, she videotaped interactions during the sixth and tenth treatment sessions of children receiving coaching or a peer experience control treatment. She found that, in both treatment conditions, target children exhibited fewer conversational skills in early treatment sessions than did non-target peer partners. In the

coaching condition, target children gradually increased their level of conversational skill performance in subsequent treatment sessions, whereas no changes in skill performance were noted for children in the peer experience control condition. Additionally, non-target peer partners in the coaching condition engaged in more skillful behavior than did partners in the control condition. Coached partners modeled and reinforced the skill performance of the target children. Significantly, the level of skill acquisition demonstrated by the target child and the extent of positive peer support during treatment predicted both behavioral and sociometric improvements following treatment. Apparently, when social skill training is applied to unpopular children who show low levels of specific social skills, it produces consistent and predictable increases in skill performance which contribute to enhanced peer acceptance.

Conceptually, social skill training may also be a beneficial treatment for rejected children who show high levels of aggressive or negative social behavior. Several investigators have suggested that skill training may reduce negative social behavior in such children by teaching them to use alternative non-aversive behavioral strategies to solve conflicts and acquire interpersonal attention and influence (Combs & Slaby, 1977). Only two published studies have applied social skill training specifically to rejected children. Coie and Krehbiel (1984) selected a subgroup of rejected children who also had academic problems and found that social skill training alone produced no changes in classroom behavior and only partial improvements in sociometric ratings. Bierman, Miller and Stabb (in press) selected rejected children who showed high pretreatment rates of negative social behavior. They

suggested that, in order to be effective with socially negative children, social skill training programs would need to include prohibitions and behavioral control strategies to reduce negative behavior as well as instructions to increase positive social behavior. They assigned children to treatments which included instructions for positive behavior, prohibitions for negative behavior, or both instructions and prohibitions (in addition to a no-treatment control group). Bierman et al. (in press) found the two strategies to have complementary effects. Prohibitions with response cost for negative behaviors resulted in immediate and stable declines in negative behavior and led to temporary increases in positive responses received from peers. Instructions and reinforcement of specific social skills, in contrast, promoted sustained positive peer interactions six weeks after treatment. Only the combination of instructions and prohibitions led to improved sociometric ratings from non-target treatment partners. While this study provided support for positive outcomes produced by a modified social skills training program for rejected, socially negative children, an examination of the direction of change led to questions concerning the treatment process. First, unexpectedly, rejected target boys who showed high rates of socially-negative behavior prior to treatment did not show lower than average levels of positive peer interactions. Furthermore, coached boys did not show posttreatment increases in skill performance. However, non-coached boys showed steady declines in their skill performance, exhibiting significantly fewer prosocial skills during posttreatment and followup assessments than during the pretreatment assessment. This finding suggested to us a rather different conceptualization of the relation between social skill

deficits and peer acceptance for boys who are socially negative as compared to children who are infrequent interactors. That is, while some theorists have suggested that aggressive and negative social behavior is often the result of social skill deficits (e.g., children behave aggressively because they lack the social problem solving skills, self-control skills, or prosocial interaction skills to behave adaptively), the reverse may sometimes be true. That is, children who have learned to behave in a negative or egocentric fashion may alienate peers and therefore gradually have fewer opportunities to engage in positive peer interactions over time. For these children, the positive effects of social skill training may not be to promote skill acquisition, but rather to provide structured opportunities that elicit, reward, and maintain positive peer interaction.

To explore the effects of social skill training on rejected, socially negative children more closely, another intervention project was undertaken in which children's interactions were videotaped during treatment sessions (Bierman, Schwartz, Smoot & O'Brien, in preparation). While analyses for this latter project are still underway, a few preliminary findings warrant discussion. Consistent with the previous study, children who received a peer experience control treatment showed steady declines in the performance of positive social behaviors during the course of treatment. Coaching seemed to protect children from this decline, as coached boys exhibited a constant, average level of positive skill performance and an increase in positive initiations during treatment. Additionally, while coaching did not lead to reduced levels of negative behavior displayed by boys during treatment, it seemed to protect boys from the significant escalation of negative behavior that

was evident for boys in the control condition. One somewhat surprising finding concerned the role played by non-target peer partners during treatment sessions. While rejected boys did not display more negative or less positive behavior than non-target boys during initial sessions, they did receive more negative and fewer positive peer responses. Peers responded less negatively toward target boys in the coaching condition as compared to the control condition. However, across conditions there was a tendency for peers to behave more negatively toward target children over time. These behavioral observations suggest that non-target peer partners did not enjoy the close interactions with target children fostered in the treatment program. Even though the target children appeared to behave appropriately, they remained recipients of increasing peer rebuke. Perhaps the social interactions of target children were aversive to peers for reasons not easily identified on the basis of molar behavioral codes. Alternatively, once target children earn a reputation for aversive social behavior (once they have hurt or annoyed peers repeatedly), peers continue to defensively engage in avoidance or counter-attack behavior to protect themselves against further aversive interactions.

Clearly these studies show that the behavioral characteristics of the unpopular or rejected children receiving social skills training have a fundamental impact on the target child's peer interactions during treatment and the nature and extent of treatment effects. Unpopular children who show low pretreatment rates of target skills appear most likely to benefit behaviorally and sociometrically from short-term social skills training. The effects of social skill training are more variable when applied to children who engage in high rates of negative

social behavior and who are targets of intensive peer rebuke. To maximize effectiveness with socially-negative children, social skill training should include prohibitive behavioral control techniques as well as positive instructional strategies. Even with such external control, the danger exists that the intense level of peer interaction stimulated by social skills training in a peer group context will exacerbate negative peer reactions toward target children and can even contribute to the victimization of some target children. For some rejected children, therefore, it may be necessary to design long-term skill training programs which include only limited peer contact initially, and then gradually increase the level of peer interaction contingent upon the target child's behavioral improvements, thus avoiding social interaction challenges that overwhelm the target children's positive interaction capabilities.

The observation that many rejected children do not show low levels of positive interaction behavior prior to treatment also suggests that the nature of their social interaction skill deficits may be different from those of children who are infrequent interactors. For some rejected children who are able to behave positively under certain environmental conditions, further research may explore the environmental and affective conditions which inhibit or lead to the over-riding of positive behavioral capabilities in favor of negative or aversive behaviors. Understanding the interpersonal or affective mediators of negative social behavior may suggest ways to increase the effectiveness of social skill training for rejected, aggressive children.

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